

MARYLAND HEALTH CARE COMMISSION

BID BOARD NOTICE

Procurement ID Number: MHCC-014

Issue Date: April 5, 2010

Title: Provision of Consulting Services and Preparation of State-of-the-Science Working Paper Regarding Public Reporting of CLABSI Outcome Data

I. INTRODUCTION

Background

Healthcare associated infections (HAI) are infections that patients acquire during the course of receiving medical treatment for other conditions.^{1, 2} HAI infections are the most common complication affecting hospitalized patients, with between 5 and 10 percent of patients acquiring one or more infections during their hospitalization.³ According to the Centers for Disease Control and Prevention (CDC) National Nosocomial Infections Surveillance (NNIS) system, HAI in hospitals alone, account for an estimated 2 million infections, 88,000 deaths, and \$4.5 billion in excess health care costs annually in the United States.⁴

Given the impact of HAI, a number of states, including Maryland, have enacted legislation mandating hospitals and other health care organizations to publicly report HAI data. During its 2006 session, the Maryland General Assembly enacted legislation requiring the Maryland Health Care Commission (MHCC or “Commission”) to include HAI information in its existing Hospital Performance Evaluation Guide⁵. *Hospitals-Comparable Evaluation System-Health Care-Associated Infection Information* (SB 135), which became law on July 1, 2006, specifies that the system for reporting data must adhere to the current recommendations of the

¹ Centers for Disease Control and Prevention, CDC’s Role in Monitoring and Preventing Healthcare-Associated Infections, Statement by Denise Cardo, M.D., Director, Division of Healthcare Quality Promotion, National Center for Infectious Diseases, Testimony before the Committee on Energy and Commerce, Subcommittee on Oversight and Investigations, U.S. House of Representatives, March 29, 2006.

² The Healthcare Infection Control Practices Advisory Committee defines health care-associated infections (HAI) as localized or systemic conditions resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) that: (1) occurs in a patient in a health care setting (e.g., hospital or outpatient clinic); (2) was not found to be present or incubating at the time of admission unless the infection was related to a previous admission; and (3) if the setting is a hospital, meeting the criteria for a specific infection site as defined by CDC. McKibben, L. et al. Guidance on Public Reporting of Healthcare-Associated Infections. *American Journal of Infection Control*, Vol. 33, No. 4, May 2005, p. 225.

³ Burke, JP. Infection Control—A problem for patient safety. *NEJM*. 2003; 348: 651-656.

⁴ Weinstein, RA. Nosocomial Infection Update. *Emerging Infectious Diseases*. Vol. 4, No. 3, July-September 1998, p. 416.

⁵ <http://mhcc.maryland.gov/consumerinfo/hospitalguide/index.htm>

federal Centers for Disease Control and Prevention (CDC) and the CDC Healthcare Infection Control Practices Advisory Committee regarding the public reporting of HAI.

To assist in developing a plan for HAI data collection and reporting, the Commission appointed an HAI Technical Advisory Committee (TAC). The purpose of the TAC was to study and develop recommendations on the design and content of a system for collecting and publicly reporting HAI data. The Committee reviewed guidelines from the CDC and professional associations, evidence from the medical literature regarding appropriate measures for analyzing and reporting data on healthcare-associated infections, and the work of other states in implementing legislative mandates to collect and publicly report data on infections. The TAC's report, *Developing a System for Collecting and Publicly Reporting Data on Healthcare-Associated Infections in Maryland*,⁶ contained a series of recommendations covering three areas: HAI process and outcome measures for public reporting; data collection and reporting system; and, implementing public reporting of HAI data.

The TAC recommended that all Maryland acute general hospitals enroll in the CDC's National Healthcare Safety Network (NHSN) system and use the NHSN system to report central line-associated blood stream (CLABSI) data to the Commission from all intensive care units. Beginning July 1, 2008, the Commission required all Maryland hospitals to initiate CLABSI data collection. This reporting requirement applied to infections occurring after July 1, 2008 in any intensive care unit (i.e., all units defined as inpatient adult critical care and pediatric critical care; and, units defined as neonatal critical care- according to the *NHSN Manual: Patient Safety Component Protocol*) regardless of when the patient was admitted. Under this reporting requirement, 46 acute general hospitals began collecting and reporting data to the Commission.⁷

To ensure that hospitals are accurately reporting HAI process and outcome measures and using the same definitions, the TAC recommended that the Commission develop a method for validating and auditing data to be publicly reported. In response to this recommendation, the Commission developed and implemented a plan for validating NHSN CLABSI data collected from Maryland hospitals for the period July 1, 2008-June 30, 2009. The major activities of this project included conduct of on-site reviews for a sample of charts at all hospitals reporting CLABSI data; and, interview of hospital staff responsible for the collection of denominator data for CLABSI.

Description of Procurement

⁶ Available at:

http://mhcc.maryland.gov/healthcare_associated_infections/hai_report_jan2008/hai_cover.html

⁷ In July 2008, 46 of the 47 non-federal, acute general hospitals in Maryland maintained critical care units covered by this reporting requirement. Edward W. McCready Memorial Hospital (Somerset County), an acute care hospital licensed for 8-beds, does not operate a critical care unit and was exempted from this reporting requirement. In November 2009, the new Western Maryland Regional Medical Center in Cumberland (Allegany County) replaced Braddock Hospital (formerly Sacred Heart Hospital) and Memorial Hospital of Cumberland. With the opening of the Western Maryland Regional Medical Center, the CLABSI reporting requirement covers 45 of the 46 non-federal, acute care hospitals in Maryland.

The Commission seeks a contractor to provide timely analyses on issues pertaining to the public reporting of data on CLABSI infections in ICUs. The information and analyses prepared by the contractor will support the deliberations of the Commission's Healthcare-Associated Infections Advisory Committee. The analyses to be conducted include preparation of a state-of-the-science working paper regarding public reporting of hospital-specific data on CLABSI. The working paper should: (1) review the literature on reporting of HAI outcome measures and experience to date in publicly reporting CLABSI data, including the content, format, and frequency of updates for hospital-specific reporting of CLABSI used by other states; (2) identify key issues that should be considered by the Commission and its Advisory Committee in publicly reporting CLABSI data on the Maryland Hospital Performance Evaluation Guide and providing preview and feedback reports to hospitals; and, (3) develop options for reporting CLABSI data to consumer and professional audiences.

II. PROCUREMENT SPECIFICATIONS

A. Major Tasks

The contractor will prepare a state-of-the-science working paper on public reporting of CLABSI data to guide the deliberations of the HAI Advisory Committee. The working paper will contain the following components:

1. Review and Summarize the Literature on Reporting of HAI Outcome Measures and Experience to Date in State-Level Public Reporting of and Central Line-Associated Blood Stream Infection (CLABSI) Data

The contractor will conduct an environmental scan and review of the literature regarding public reporting of healthcare-associated infection outcome data, including available research on presenting health care quality information to consumer audiences. The contractor will review and summarize the characteristics of state-level public reporting of hospital-specific CLABSI data, including the scope, content, update schedule, comparison benchmarks, format of data presentations, and other key features. This review should include, but not be limited to, the following states:

New York

http://www.health.state.ny.us/statistics/facilities/hospital/hospital_acquired_infections/

South Carolina

<http://www.scdhec.gov/health/disease/hai/reports.htm>

Tennessee

http://health.state.tn.us/Downloads/TN_HAI_Report_2008_Jan_Dec_final.pdf

Washington.

http://www.doh.wa.gov/EHSPHL/HAI/HAI_Default.htm

Based on the literature review, environmental scan, and review of state-level reporting experience to date, the contractor will identify and discuss key issues that should be considered by the Commission and its HAI Advisory Committee in public reporting of CLABSI data on the Hospital Performance Evaluation Guide. The purpose of the literature review, environmental scan, and review of state-level reporting experience is to document the state-of-the-science in public reporting of HAI outcome data, specifically CLABSI data. All sources of information cited in this review must be documented using accepted reference formats. After review by Commission staff, a report summarizing this review and identifying issues that should be considered in public reporting will be presented to the Commission's HAI Advisory Committee.

2. Develop and Test Alternative Displays/Formats for Reporting CLABSI Data to Consumer and Professional Audiences

The contractor will develop alternative display formats for reporting CLABSI data on the Hospital Performance Evaluation Guide for consumer and for professional audiences. The options should include the methodologies for calculation of recommended measures (with appropriate statistics and recommended update schedule), presentation display formats in a paper format to simulate a Hospital Guide webpage, and the working of explanatory narrative as required. The alternatives developed by the contractor should reflect the navigation of the Hospital Guide. The contractor will also be responsible for developing a structured interview tool to be administered to focus groups of consumers and health care professionals to test the usability and understanding of the alternative display presentations.

The Commission will provide the contractor with data on CLABSI for analysis and calculation of the measures to be publicly reported. The Commission will also identify a small focus group of consumers and health care professionals to provide feedback on the alternative displays. A draft report summarizing the alternative formats will be submitted to Commission staff for review. Following review by the Commission staff, the alternative displays for reporting CLABSI data for consumer and professional audiences will be presented to the HAI Advisory Committee. The Commission will be responsible for programming required to develop the selected formats for inclusion on the Hospital Performance Evaluation Guide.

B. Deliverables and Time Schedule

Deliverable	Due Date
A.1 Review and Summarize the Literature on Reporting of HAI Outcome Measures and Experience to Date in State-Level Public Reporting of and Central Line-Associated Blood Stream Infection (CLABSI) Data; Identify and Discuss Key Issues that should be Considered by the Commission and its HAI Advisory Committee in Public Reporting of CLABSI Data on the Hospital Guide	Draft Report: June 1, 2010 Final Report: June 16, 2010 Presentation to HAI Advisory Committee: June 28, 2010
A.2 Develop and Test Alternative Displays/Formats for Reporting CLABSI Data to Consumer and Professional Audiences	Draft Report: July 30, 2010 Final Report: August 13, 2010 Presentation to HAI Advisory Committee: August 25, 2010

C. Term of Contract

The contract will begin on or about May 1, 2010 and will end on October 31, 2010.

D. Issuing Office

The issuing office for this solicitation is the Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215; Attention: Ms. Sharon Wiggins.

E. Submission Deadline

In order to be eligible for consideration, an original and two *copies* of the proposal *must* be received at the Commission office as referenced in Section I. C. above by **4:00 p.m. Eastern Standard Time on Tuesday, April 27, 2010** in order to be considered. **All bids must include Federal Identification Tax Numbers.** Vendors mailing proposals should allow sufficient mail delivery time to ensure timely receipt by the Commission. Vendors may also e-mail proposals to swiggins@mhcc.state.md.us by the time specified above.

F. Procurement Method

The procurement method for this solicitation is a small procurement as described in the Code of Maryland Regulations (COMAR) 21.05.07. The maximum award allowed under these regulations is **\$25,000**.

For additional information about the procurement specifications, please contact Pamela W. Barclay, Director, Center for Hospital Services, Maryland Health Care Commission at:

Phone: 410-764-5982

FAX: 410-358-1311

E-Mail: pbarclay@mhcc.state.md.us

III. BASIS FOR AWARD

The vendor with the most advantageous offer to the State will be awarded the contract. This contract is solicited in accordance with COMAR 21.05.07, Small Procurement.

IV. SELECTION PROCESS

Evaluation Committee

An Evaluation Committee appointed by the Issuing Office will evaluate all proposals received by the closing deadline. The Evaluation Committee may request additional technical assistance from any source.

Evaluation Criteria

The evaluation criteria set forth below are arranged in descending order of importance. (Therefore, 1 is more important than 2 and 2 is more important than 3) Within each criteria the subcriteria are also arranged in descending order of importance. (In other words, 2.A is more important than 2.B; and 3.A, is more important than 3.B., and 3.B. is more important than 3.C., etc.) In addition, it would be improper to assume that 2.A. is either less important or more important than 3.A., 3.B., etc. An offeror can only conclude that criteria 3 as a whole is less important than criteria 2 as a whole.

Evaluation Criteria

1. Experience and Qualifications of the Proposed Staff

- a. Knowledge of the medical literature and experience in the field of healthcare-associated infections data;
- b. Knowledge and understanding of the recommendations of professional organizations (e.g., Association for Professionals in Infection Control and Epidemiology and Society for Healthcare Epidemiology of America) and the Centers for Disease Control regarding public reporting of healthcare-associated infections data;
- c. Expertise in statistical analysis of outcome data on healthcare-associated infections;
- d. Expertise in presentation of healthcare-associated infections data to consumer and professional audiences;
- e. Knowledge and understanding of the National Healthcare Safety Network (NHSN) system of the Centers for Disease Control, specifically the central line-associated blood stream infections (CLABSI) module; and,
- f. Experience in working with a multidisciplinary team on issues related to data collection and public reporting of healthcare-associated infection information.

2. Proposed Work Plan

- a. Skill to develop a work plan to successfully meet the requirements of the procurement; and
- b. Ability to design a work plan that meets the timeframe associated with the procurement.

3. Statement of Problem

- a. Ability to demonstrate an understanding of the procurement specifications set forth by the MHCC; and

Evaluation Process

The Evaluation Committee will evaluate each technical proposal using the evaluation criteria set forth above. Only those technical proposals deemed reasonably susceptible of being selected for an award and whose offeror is initially judged to be “responsible” shall be considered “qualified offerors.” All other proposals will not be considered qualified and the offerors shall be so notified.

In recommending an offeror for award, the Evaluation Committee will give more weight to an offeror’s technical proposal than to its financial proposal. The Committee shall recommend the offeror whose proposals provide the most advantageous offer to the State considering price and the evaluation criteria set forth in the proposal.

V. INFORMATION REQUIRED IN OFFEROR PROPOSALS

Transmittal Letter

A transmittal letter prepared on the offeror’s business stationery is to accompany the original and required copies of this proposal. The purpose of this letter is to transmit the proposal; therefore, it should be brief. The letter **MUST** be signed by an individual who is authorized to bind his/her firm to all statements, including services and prices contained in the proposal.

Technical Proposal

The Technical Proposal must address all appropriate points of the proposal except the financial information. This volume consists of, and must contain the following sections for each part of the technical requirements for which a proposal is being submitted:

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1. Statement of the Problem
 2. Proposed Work Plan
 3. Experience and Qualifications of the Proposed Staff
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The **Statement of the Problem** should demonstrate clearly the offeror understands of MHCC objectives and goals. The offeror should also demonstrate an understanding of the concepts and issues involved in the development and implementation of a plan for public reporting of statewide and hospital-specific central line-associated blood stream infection (CLABSI) data.

The **Proposed Work Plan** section is to contain a brief description of the proposed plan to meet the requirements. It should include a detailed description of the

contractor’s approach, techniques and work plan for addressing the requirements outlined in Procurement Specifications.

The **Experience and Qualifications of the Proposed Staff** section should describe how the proposed staff experience and qualifications relate to their specific responsibilities as detailed in the work plan for this procurement. The section is also to include individual resumes for the key personnel who are to be assigned to the project if the offeror is awarded a contract. Subcontractors, if any, must be identified, and a detailed description of their contributing role relative to the requirements of the proposal should be included in the proposal. Each resume should include the amount of experience the individual has had relative to the work called for in this solicitation. Letters of intended commitment to work on the project from all key personnel, including subcontractors, should be included with the proposal.

Financial Proposal

The financial proposal should provide an estimate of hours and hourly rate by category of personnel for the provision of services outlined under the Procurement Specifications. Billing under the contract will be for actual hours worked up to a maximum total billing of **\$25,000** for the contract. The contractor may not bill for work unless and until such work is specifically requested by the Contractor Monitor.

Personnel Category	Estimated Hours	Hourly Rate
Epidemiologist		
Health Data Analyst		
Statistician		
Other		

MINORITY BUSINESS ENTERPRISES ARE ENCOURAGED TO RESPOND TO THIS SOLICITATION